

HAMILTON COUNTY COMMUNITY CORRECTIONS
ELECTRONIC MONITORING HANDBOOK

18104 Cumberland Road
Noblesville, IN 46060

Administration Telephone (317) 776-9760

Fax (317) 776-9764

*“Where Change is a Choice and
Accountability is a Guarantee”*

Dear Program Participant:

As a result of a court order, you have been placed in our Electronic Monitoring Program. We both share the same goal . . . for you to satisfactorily complete your sentence and return to the community as a responsible and productive citizen. Our Department operates on the premise that every program participant has the potential to achieve that goal. It will not be easy, your time on electronic monitoring will be filled with challenges, but we believe that you can accomplish this or the court would not have placed you in this program.

During your placement in our Electronic Monitoring Program, you can expect staff to assist in this effort by prioritizing your participation in services that address treatment and education needs identified during the development of your treatment plan. These services will support you and increase the likelihood of you successfully completing your sentence. The program has a great many rules and guidelines, all of which are designed to guarantee accountability and encourage a change in negative behavior. Our expectation is that you attend all of the required treatment and education programs, that you abide by the rules and guidelines, and that you demonstrate the desire and put forth the effort required to change your behavior.

The following material, along with the program contract, outlines the rules, guidelines and behavior that are expected of you. Our staff will explain the following information to you during the intake process, and you are encouraged to ask questions. It is recommended that you keep this material and review it carefully.

If there are any questions, do not hesitate to contact a member of our staff.

Respectfully,

Ralph B. Watson
Executive Director

HAMILTON COUNTY COMMUNITY CORRECTIONS

Vision

We will be leaders in the supervision of our program participants while maintaining community safety, as well as utilizing proven programs and developing innovative programs to promote their future as productive members of society.

Mission

We provide cost-effective, community-based alternatives to incarceration by providing intensive supervision and treatment-focused programs to encourage positive change in participants. These programs and supervision hold the offender responsible and accountable, without compromising the safety of the community or the community corrections' staff.

ELECTRONIC MONITORING PROGRAM STAFF

Executive Director:	Ralph Watson
Director of Personnel:	Stephanie Ruggles
Director of Administration:	Deana McMurray
Program Team Leader	Mark May
Electronic Monitoring Field Services Coordinators:	Joe Farinella Susan Hawes Doug McElroy Jessica Privett Katrina Waters
Bookkeeper:	Sandra Estes

***Any Hamilton County Community Corrections staff member may perform a field contact with the program participant.**

Hamilton County Community Corrections
18104 Cumberland Road
Noblesville, Indiana 46060
(317) 776-9760
FAX (317) 776-9764

ELECTRONIC MONITORING PROGRAM CONTRACT

NAME: _____ **CAUSE #:** _____

ADDRESS: _____

PHONE: (HOME) _____ **(WORK)** _____ **D.O.B.** _____

BEGINNING DATE: _____ **PROJECTED RELEASE DATE:** _____

LENGTH OF SENTENCE: _____

CHARGE: _____ **FEL/MISD:** _____ **CLASS:** _____

CIRCLE ONE: **COP** **DIR.COM.** **VOP** **EXE. SENT.** **S.S.** **CTP**

SPECIFIC CONDITIONS OF ELECTRONIC MONITORING CONTRACT

1. I, _____, agree to comply with the special conditions stated in this contract, in addition to the Standard Rules of Probation. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Department.
2. I understand that in addition to Judicial review, I will also be subject to administrative disciplinary action for failure to follow the Electronic Monitoring Disciplinary Code and Sanctions. I am subject to loss of privileges and additional sanctions as stated in the above Code.
3. I understand that while on the Electronic Monitoring Program, I will be under the supervision of Hamilton County Community Corrections and subject to all rules and regulations of that program.
4. I will cooperate with and truthfully answer all reasonable inquiries of Community Corrections staff.
5. I understand that I am not to leave my residence at any time, without receiving permission to do so by Hamilton County Community Corrections.
6. I agree to remain in the interior portion of my home, within range of the monitoring equipment, with the only exceptions being: my actual work hours; my travel to and from work; appointments with the Court, probation department, or Electronic Monitoring staff. In addition, I may attend regularly scheduled religious services, educational, treatment or community service programs approved by the Court and/or HCCC. I understand that it is my burden to provide written documentation immediately upon request to confirm that my absence from the home was due solely to a permissible purpose.

7. I understand that I must attend Hamilton County Community Corrections' check in as directed. I have been advised of the time and location. Also, I agree to report to the Hamilton County Community Corrections' office immediately upon request, whether it be written or verbal.
8. I understand that Hamilton County Community Corrections is the only agency that may approve any schedule and/or change in schedule, and that I must seek approval at least 24 hours prior to any change, excluding weekends and holidays.
9. I understand that I will be charged an initial fee, a weekly fee, and other fees as approved by the Hamilton County Community Corrections Advisory Board. Payments will be made by cashier's check, certified check or money order. No cash or personal checks will be accepted. Payments will be made at a time as determined by Hamilton County Community Corrections. I understand that failure to make payments as scheduled, or departure from the program with a balance of payments in arrears may result in any or all of the following:
 - A. A violation may be filed against me with the Court and/or Probation Department.
 - B. The Court may enter a civil judgment against me in the criminal case for the amount of the arrearage.
 - C. I may be sued in civil court or subject to collection proceedings for the amount of the arrearage, plus costs of the proceedings and attorney fees.
10. I agree to allow the Hamilton County Community Corrections Staff to enter my residence at any time, without prior notice, and to make reasonable inquiry into my activities and the activities of others in the home. I agree to waive my right against search and seizure, and permit Hamilton County Community Corrections or any law enforcement officer acting on behalf of Hamilton County Community Corrections, to search my person, residence, motor vehicle, or any location where my personal property may be found, to insure compliance with my conditions of Electronic Monitoring.
11.
 - A. I will not consume, or possess on my person, or in my home, any alcohol or drugs unless prescribed by a physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test or tests will be considered an admission of guilt. I understand I have two hours from the time notified to produce a urine specimen for drug testing. I will be responsible for the cost of said tests.
 - B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products, or extracts. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician.
 - C. I will not consume anything containing alcohol, including but not limited to an alcoholic beverage. I will not take medication with alcohol in it (i.e., liquid cold medicine, cough syrup, or medicated mouthwashes).
 - D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
 - E. By signing this contract I waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing. If screen results return diluted, it will be deemed a violation of the contract. I will be responsible for the payment of the cost of said test.
12. I understand that I am not to possess or use any firearm, destructive device, or other dangerous weapon unless granted written permission from Hamilton County Community Corrections.
13. I understand that I must have a permanent place of residence and must have approval from Hamilton County Community Corrections at least 72 hours prior to any change of residence. Further, I understand that no more than two non-relatives may visit at one time.

14. I understand that I must reside in Hamilton County for the entire term of my placement on Electronic Monitoring.
15. I understand that while on Electronic Monitoring, I will have no contact at my home with anyone on probation or parole, unless granted permission by Hamilton County Community Corrections.
16. I understand that I must keep the transmitter on my ankle and the FMD plugged in and attached to my telephone at all times.
17. I understand that I am responsible for any damage to the electronic surveillance equipment, I will not tamper with, attempt to fix, or allow anyone else to tamper with or attempt to fix the equipment. All equipment must be returned to Hamilton County Community Corrections upon termination from the Electronic Monitoring Program. If I damage the equipment or fail to return the equipment in good condition, the County will charge me with theft and/or criminal mischief.
18. I understand that if there are any problems with the equipment, I will call Hamilton County Community Corrections during regular office hours.
19. I understand that I must have a working telephone with no special calling features for the entire term of my placement on Electronic Monitoring.
20. I agree to sign a release of information for Hamilton County Community Corrections.
21. I understand that I will not work more than two (2) jobs or no more than sixty (60) hours in any one week, unless approved by the sentencing Court. I will also be limited to working no more than six (6) days a week and twelve (12) hours a day.
22. I agree to allow the Electronic Monitoring Staff to monitor my employment hours by examining my time cards, contacting my supervisor, and conducting work site visits. I understand that I am required to provide verification of work hours upon request. Failure to do so may result in termination from the program.
23. I understand that I will not be permitted to work on certain holidays unless I have written confirmation from my employer that I am scheduled to work these holidays. I also understand that I will only be permitted to work these holidays if I can be contacted by telephone at my place of business.
24. I shall authorize my employer to release all records and information requested concerning my hours of employment, attendance on the job, duties of employment, reporting and dismissal times, and such other information as may be requested by Hamilton County Community Corrections.
25. I understand that if a medical emergency arises I must contact Hamilton County Community Corrections as soon as possible to inform the Electronic Monitoring Staff as to the nature and extent of the problem. Failure to notify this office may result in a violation being filed with the Court and/or Probation Department.
26. I understand that if during the term of Electronic Monitoring, my employment is terminated for reasons beyond my control, I may continue on the Electronic Monitoring Program as long as I began an intensive job search which will require five (5) verifiable employment inquiries per week day and continue in court and/or community corrections mandated treatment.
27. I understand that if I lose my job due to poor attendance (unexcused absences), use of drugs, alcohol, or misconduct, a violation will be filed with the Court and/or Probation Department.

28. I understand that I am not to commit any law violations resulting in a new arrest or summons to Court while on Electronic Monitoring Program, I understand that I am not to violate any term of a license suspension and/or any restriction of a license. I understand that I am to identify myself as an electronic monitoring program participant to law enforcement officers.
29. I understand that violation of the order for Electronic Monitoring may subject me to prosecution for the crime of Escape under IC 35-44-3-5.
30. I understand that Hamilton County Community Corrections can terminate my participation in this program without notice, if I have any violations of the above conditions.
31. If I leave the State of Indiana, with or without permission of Hamilton County Community Corrections, I understand that I waive (give up) my extradition rights and will voluntarily return to Indiana.
32. I understand that Hamilton County Community Corrections has the authority to direct me to substance abuse treatment, school (if I don't have a high school diploma or GED), counseling, or any other program that Hamilton County Community Corrections has determined to be appropriate for me to attend. Failure on my part to follow through on such directives may result in a violation being filed with the Court and/or Probation Department.
33. Special Orders: _____
- _____
- _____
- _____

During my term of electronic monitoring, if a determination is made that there is probable cause to believe that I have violated any of these conditions, I may be removed from participation in this program and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any one of these conditions, the Court may, after a hearing, revoke the suspended sentence and impose any sentence it may have originally imposed, modify my conditions, or continue placement.

This contract has been read and explained to me, and my signature below acknowledges that I have fully read and fully understand all the terms and conditions of this contract. I further acknowledge that I have initialed each and every term of this electronic surveillance Electronic Monitoring contract as I have read and understood each term. I hereby agree to comply with all of the above rules and regulations of the Electronic Monitoring Program. I further acknowledge that I have read and understood the Hamilton County Community Corrections Electronic Monitoring Program Handbook and agree to comply with all the rules and procedures set forth in it.

Judge

Date

Program Participant

Date

Community Corrections Staff

Date

Revised 6/21/01
Approved by AB 6/21/01
Effective 6/25/01

FINANCIAL RESPONSIBILITIES

Program participant's fees are calculated at the hourly rate they are currently paid at their job. The daily rate is a minimum of \$10 a day, \$12 a day for GPS, or the hourly rate; whichever is greater. If the program participant is paid a salary, the salary will be divided by 52 weeks and then 40 hours per week to determine the hourly rate. Urine screens are \$23 per screen and will be added to the account. If the program participant should need to move within the county, there will be a charge of \$20. If assigned to an in-house treatment/education program, the program participant will be charged a \$20 fee per program. In addition, program participants may be assessed a fee of \$150 for a CARE Assessment per state statute. Program participants shall pay their weekly fees in the following manner:

1. Fees must be paid weekly during program participant check-in.
2. All fees will be paid by cashier's check, certified check, or money order and shall also include a copy of the program participant's pay stub and time card. Financial transactions, other than fee payments, are not permitted between the program participant and department staff or volunteers. Cash, personal checks, or credit/debit cards will not be accepted. A receipt will be provided upon payment.
3. If the program participant has a fee arrearage, they may be required to sign a pay agreement.
4. Those who are not current paying their fees or with their pay agreement may receive a non-compliance report and may receive disciplinary action and/or be referred to the court and/or Probation Department and removed from the Electronic Monitoring Program. Participants who are on a pay agreement will not advance in reward status. Participants may begin earning reward status once fees are two weeks or less in arrearage.

CHECK-IN PROCEDURES

(SUBJECT TO CHANGE WITH FIVE DAYS NOTICE)

1. Each program participant is required to report to Hamilton County Community Corrections for a weekly check-in. Program participants will be advised by their field services coordinator of the date and time of check-in.
2. Weekly fees will be paid at check-in.
3. Participants may be asked to submit to a urine screen, breathalyzer, or search of their person.
4. Upon entering the facility for check-in:
 1. Sign in on the appropriate field services coordinator's sheet.
 2. A schedule is to be completed in military time. The participant should also complete a schedule to take home.
 3. After completing their schedules, participants will wait in the lobby until called by their field services coordinator.

ELECTRONIC MONITORING PROGRAM FORMS

In order to assist the participant, Hamilton County Community Corrections has several forms to be used to facilitate requests. It is important that the participant use the forms correctly and in the proper manner so that the appropriate person may review the requests.

Program Participant Schedules:

Program participants will turn in a weekly schedule to their field services coordinator at check-in. This schedule will include all activities the program participant needs time out to complete. The field services coordinator will review the schedule for compliance to program policy. Should a schedule be disapproved, the field services coordinator will work with the program participant until an approved schedule is completed.

It is important that the participant places all known information on this form. Actual work hours, time leaving from and returning to the place of residence, and travel arrangements shall be placed on this form.

Dental, medical and other personal appointments must be submitted on the weekly schedule. The program participant must indicate the name, address and telephone number of the service provider. The program participant must be able to provide documentation of attendance to the field services coordinator.

Program participants may be given up to two hours per week to do grocery shopping and/or laundry at a location approved by their field services coordinator. This privilege depends on each program participant's individual situation.

While working, program participants may go to lunch or dinner in the general vicinity of their work location.

Hamilton County Community Corrections will help assist program participants in obtaining special release time for emergency situations.

Every effort should be made between the field services coordinator, the program participant, and the program participant's employer to have the program participant's work schedule available on or before the day of check-in. If this is not possible, the program participant should complete the schedule as fully as possible. The program participant shall contact their field services coordinator with the work schedule as soon as it is available in order to complete that week's schedule. If the field services coordinator is not immediately available, the program participant should leave a return phone number with the receptionist. The field services coordinator will return the call when they are available. A schedule is not approved until the field services coordinator and program participant speak with each other. The program participant shall not call the emergency pager for a non-emergency schedule change. Program participants cannot fax or email their schedule or any schedule changes. Schedules will only be accepted in person. Changes may be accepted over the phone between check-ins.

Understanding that there are unexpected events during the week, the program participant may request a schedule change from their coordinator throughout the week. The field services coordinator is the only one that has the authorization to change a program participant's schedule. If the field services coordinator is not immediately available, the program participant should leave a message for the coordinator to call them back. Leaving a message does not mean that the request has been approved. The field services coordinator will return the call to the program participant when available, and the request can be made at that time. The request must be submitted 24 hours prior to the desired change and must be for an unexpected activity.

Restriction Waiver:

This form is to be used to request additional employment hours over 60 hours a week, 12 hours a day, 6 days a week, or to work more than two jobs. Any requests by a program participant should first be discussed with the field services coordinator. Generally, the courts require the approval of the field services coordinator before they will honor the participant's request. This form is to be used for funeral requests and hospital visits and shall be discussed with and submitted to the field services coordinator for these purposes.

Church Application:

The church application form must be completed and submitted at check-in. All information about the time and place of the church service and travel arrangements must be included on the form.

The program participant's field services coordinator will verify the information with the church on the church application form. The program participant will not be allowed to attend church services until the information is correct. This application does not serve as verification of attending a church service. The program participant will have to provide documentation of attending the church service at the weekly check-in.

Grievance:

A grievance may be submitted by a program participant to express concerns regarding a department policy, facility condition, staff misconduct, or as a response to access to medical care. A program participant may submit a grievance without being subject to any adverse action. In the event that the program participant is unable to write, staff shall make arrangements for the participant to express their grievance. The grievance should be filed on a *Program Participant Grievance* form and placed in the "grievance box" located in the lobby.

The Director of Administration should respond to the program participant in writing within ten business days. The Director of Administration's response may be appealed to the Executive Director. Any such appeal must be submitted in writing within five days of receipt of the response from the Director of Administration.

Verification Card:

Verification cards are used for documentation of participation in a program such as AA, NA, church, private counseling, or any other program for which the participant's field services coordinator requires documentation. The program participant must have the group leader, minister, counselor, or instructor sign and date the verification card. If the card is not signed, the program participant could have release time reduced as well as receive a non-compliance.

Timesheets

Timesheets are verification of the participant's work hours. Every working program participant must submit a timesheet at each check-in. The participant's coordinator compares the times on the timesheets to that of the daily summaries. Timesheets are required to be signed by a supervisor. We understand that not all jobs require the participant to clock in and out. A blank Employment Timesheet form may be obtained from the field services coordinator. Write in the start and end times and have a supervisor sign their name and telephone number.

**HAMILTON COUNTY COMMUNITY CORRECTIONS
ELECTRONIC MONITORING SCHEDULE AND REQUEST FORM**

NAME: _____ HOME #: _____ CELL #: _____

HOME ADDRESS: _____

EMPLOYER (A): _____ PHONE: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER (B): _____ PHONE: _____

EMPLOYER'S ADDRESS: _____

Day/Date	Leave time	Actual time/Event	Return time	Remarks
THURS.				
				# work hours:
FRI.				
				# work hours:
SAT.				
				# work hours:
SUN.				
				# work hours:
MON.				
				# work hours:
TUES.				
				# work hours:
WED.				
				# work hours:

Total work hours for week: _____

I request to go to the following locations for the purpose of, and at the date and times indicated above. Indicate locations requested below.

1. _____
2. _____
3. _____
4. _____

Field Services Coordinator

Date: _____

1 AM = 0100 7AM = 0700 1 PM = 1300 7PM = 1900
 2 AM = 0200 8 AM = 0800 2 PM = 1400 8 PM = 2000
 3 AM = 0300 9AM = 0900 3 PM = 1500 9 PM = 2100
 4 AM = 0400 10AM = 1000 4 PM = 1600 10 PM = 2200
 5 AM = 0500 11AM = 1100 5 PM = 1700 11PM = 2300
 6 AM = 0600 12 PM = 1200 6 PM = 1800 12AM = 0000

approved RBW 3/23/06

____ LSI-R
 ____ verification card received
 ____ fees paid
 ____ urine screen conducted
 ____ time sheet received
 electronic monitoring weekly schedule

**Hamilton County Community Corrections
Electronic Monitoring
Reward Form**

The indicated reward status has been reached. Please circle the preferred reward choice.

Reward Status Level:

Choices:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">○ Type A reward
○ Type B reward
○ Type C reward
○ Type D reward | <p>Community activity</p>
<p>2 extra visitors
Special shopping
Bi-weekly check-in
Library Time</p> <p>1 additional church program
Fitness Center</p> <p>1 hour yard time</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Program Participant's Signature: _____ Date: _____

Field Services Coordinator Signature: _____ Date: _____

RESTRICTION WAIVER

Name _____ Cause No. _____
Program Component: _____ Start Date: _____ Est. Release Date: _____
Charge: _____

Check all that apply:

_____ I wish to work up to _____ hours a week.
_____ I wish to work more than 12 hours in one day.
_____ I wish to work more than 6 days a week.
_____ I wish to work at more than 2 jobs.
_____ Other: _____

Explain Request: _____

Signature Date

TO BE COMPLETED BY COMMUNITY CORRECTIONS.

We disapprove/approve of the above request.

Explain: _____

Field Services Coordinator Signature Date

Supervisor Signature Date

CHURCH APPLICATION

Electronic Monitoring Program Participants Only

Note: The total time that the participant is absent from home to attend church may not exceed 3 hours.

NAME _____ FIELD SERVICES COORDINATOR _____

DATE OF REQUEST _____ DAY AND DATE GOING TO CHURCH _____

CHURCH

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

TRANSPORTATION

I will ride with: _____

Relationship to Program Participant: _____

Travel time required each way: _____

I will leave church at _____ and return home at _____.

Program participant has been advised that verification forms are required and that Hamilton County Community Corrections may call to verify as well.

Church information telephonically verified on _____ by _____

Hamilton County Community Corrections
AA/NA Program Report

Name: _____ I attended ____ AA, ____ NA, ____ Other
The Name and Location of the meeting: _____
Time: _____ a.m./p.m. Date: _____
Type of Meeting: ____ Open speaker, Speakers first name: _____
As a result of attending this meeting I discovered: _____

During the meeting I shared: _____

At this point, my feelings about this program are: _____

I, the undersigned secretary or meeting leader, to assist HCCC in their duties, herby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: _____

Hamilton County Community Corrections
AA/NA Program Report

Name: _____ I attended ____ AA, ____ NA, ____ Other
The Name and Location of the meeting: _____
Time: _____ a.m./p.m. Date: _____
Type of Meeting: ____ Open speaker, Speakers first name: _____
As a result of attending this meeting I discovered: _____

During the meeting I shared: _____

At this point, my feelings about this program are: _____

I, the undersigned secretary or meeting leader, to assist HCCC in their duties, herby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: _____

Hamilton County Community Corrections
AA/NA Program Report

Name: _____ I attended ____ AA, ____ NA, ____ Other
The Name and Location of the meeting: _____
Time: _____ a.m./p.m. Date: _____
Type of Meeting: ____ Open speaker, Speakers first name: _____
As a result of attending this meeting I discovered: _____

During the meeting I shared: _____

At this point, my feelings about this program are: _____

I, the undersigned secretary or meeting leader, to assist HCCC in their duties, herby, certifies that the bearer has attended a regular meeting of Alcoholics Anonymous, or Narcotics Anonymous.

Signature: _____



ADMINISTRATIVE HEARING APPEAL

INSTRUCTIONS: Type or Print clearly

Name of Program Participant		Housing Unit
Date of Hearing	Offense	Date of First Appeal

INSTRUCTIONS:

Appeal must first be made to the Director of Personnel within ten (10) working days of the hearing. The individual making the appeal will do so in Section 1 and forward to the Director of Personnel who will make his/her response in Section 2.

SECTION 1	
Appeal to Director of Personnel - Be specific in stating reason(s) for appeal	
Signature of Program Participant	Date

SECTION 2	
Response of Director of Personnel to Appeal	
Signature of Director of Personnel	Date

**HAMILTON COUNTY COMMUNITY CORRECTIONS
PROGRAM PARTICIPANT GRIEVANCE**

NAME: _____ PROGRAM COMPONENT: _____ DATE: _____

My grievance concerns: ____ Staff Misconduct ____ Dept. Policy/Procedure ____ Facility Condition

Explain what happened, when and who was involved or which policy/procedure is being grieved.
Explain what was done and who was contacted about resolving problems. Be as brief as possible but include the necessary facts.

<table border="1" style="display: inline-table;"><tr><td style="width: 60%; padding: 5px;">Signature</td><td style="width: 40%; padding: 5px;">Date</td></tr></table>	Signature	Date
Signature	Date	

SUGGESTED REMEDY

--

GRIEVANCE RESPONSE

Date Received _____ Date of Response _____ Signature _____

This complaint is returned because

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>_____ It is not a grievable issue.</p> <p>_____ Participant requested the withdrawal.</p> <p>_____ Staff following established procedure.</p> <p>_____ Action was taken/issue resolved.</p> | <p>_____ Participant failed to respond to meeting request.</p> <p>_____ The complaint was resolved informally.</p> <p>_____ Additional information/rewriting is required.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

EXPLANATION

--

EMPLOYMENT TIMESHEET

Employee

Employer

Date	Time In	Time out	Time In	Time out	Time In	Time out	Time In	Time out

SUPERVISOR NAME (PRINTED)

SUPERVISOR SIGNATURE

SUPERVISOR CONTACT NUMBER

NOTE: Times must be annotated to reflect Lunch/Dinner breaks

ELECTRONIC MONITORING GUIDELINES

1. Program participants must follow the Department's visitation dress code when reporting to the facility.
2. Program participants will be permitted to work in Hamilton County or any county contiguous to Hamilton County. The sentencing court must approve any exceptions.
3. All program participants must maintain full-time (a minimum of 30 hours per week) employment within ten working days of intake. The sentencing court must approve any exceptions.
4. A search of the program participant's person may be conducted at any time.
5. No horseplay or other inappropriate conduct will be tolerated. Program participants are not to touch any staff member or other program participant for any reason.
6. If a program participant destroys County or Department property, they will be held responsible for its replacement or repair. Criminal charges may be filed.
7. Program participants are not permitted in unauthorized areas of the Hamilton County Community Corrections facility.
8. Program participants are expected to complete required treatment/educational services. The treatment plan will be reviewed with the field services coordinator regularly, and program participants will be notified of any changes. Monthly progress reports from treatment providers and monthly verification of attendance at support group meetings is required.
9. Program participants will be required to carry photo identification on their person at all times and may be required to present this identification in order to gain entrance to the complex and facility.
10. Program participants will inform their field services coordinator of any animals at the program participant's residence and secure them during field checks.
11. When home, a program participant must answer the telephone and door at all times.
12. Program participants must follow all safety instructions and wear all protective clothing while performing work details within and outside of the Hamilton County Community Corrections facility.
13. Schedule changes require a minimum 24-hour notice. Lack of planning does not constitute an emergency. Some requests may be disapproved due to lack of planning or forgetfulness on the program participant's part.
14. Program participants may contact their field services coordinator by calling the facility. There is no need for repeated calls for messages. The program participant's call will be returned as soon as possible.
15. Program participants on GPS understand that they must have the assigned GPS tracking unit with them at all times while outside of their residence. While in their residence, participants understand that the tracking unit must be docked in the base station.
16. Program participants understand that Hamilton County Community Corrections has the right to establish zones in which the participant may or may not travel. Participants understand that if they violate an established zone they will be in violation of the electronic monitoring program.

Monitoring Device Information

IF ONE OF LIGHTS IS LIT, THEN:

- POWER-** Power cord is plugged in and active
- PHONE BUSY-** The monitor is either making or expecting a call
- UNIT HOME-** Monitor has received a signal from transmitter

If there is a power loss in the home, the green light will blink. There is a back-up battery system built-in, so do not call the power company in a panic. Contact the designated field services coordinator for periods of extended power loss.

USING THE PHONE

1. The telephone must be “on the hook” when not in use.
2. The participant may NOT have any special features placed on the phone.
3. The participant must stay current with phone bills to maintain consistent phone services. If the electricity or phone is disconnected, the participant may remain at the place of residence only if it will be reinstated in the allotted amount of time. If the electricity and/or the phone will not be reinstated in the allotted amount of time, the participant will be required to find an approved location to reside until the electricity and/or phone has been restored. This residence must be in Hamilton County.
4. The monitor and telephone should not be unplugged for any reason.
5. If someone is on the phone and hears a clicking sound, the monitor is trying to communicate with the monitoring company. Hang up the phone and wait ten to fifteen minutes to use the phone.
6. If there are any questions, the participant should contact their field services coordinator.

TRANSMITTER

1. The transmitter will not shock the participant. The participant may shower, bathe, and swim with it on.
2. The transmitter must fit snugly against the leg. There are built-in sensors to tell if it is properly against the leg.
3. The transmitter may activate sensors at stores and other locations.

GPS Rules and Guidelines

The Program Participant must **ALWAYS**...

1. Take the tracking unit everywhere.
2. Place the tracking unit on the dash of the car when traveling. Use the carrying case to prevent it from sliding.
3. Wait until the red light on the tracking unit turns off before leaving home, traveling in a vehicle, or after exiting a building.
4. If the middle light on the tracking unit is **SOLID YELLOW**, return home immediately and place the tracking unit on the base station.
5. Place the tracking unit into the base station whenever entering the place of residence.
6. Terminate all telephone conversations for at least ten minutes when a faint beeping noise is emitted through the telephone and the base station.

The Program Participant must **NEVER**...

1. Touch or move the base station once it has been installed in the home.
2. Disconnect the power or telephone cord from the base station or the wall socket/jack.
3. Attempt to open the base station or tracking unit.
4. Leave the area of the home during a curfew time frame.
5. Move away from the tracking unit when away from home.
6. Attempt to remove the transmitter strap.
7. Attempt to make a telephone call if the base station's red light is activated. Wait ten minutes and then make the call.
8. **ANSWER THE TELEPHONE UNTIL AFTER THE SECOND RING.**

BI ExacuTrack[®] One

CLIENT GUIDE

To Charge the Battery: Allow the battery to charge a minimum of 3 hours per day or until fully charged.

Step 1. Plug the power supply into a standard wall outlet. Release the charging port cover from the charging port.

Step 2. Connect the power cord to the charging port. The battery LED will change from a blinking light to a solid light, and you will hear an audible tone.

Step 3. Continue charging the tracking unit until you hear the beeping, and then gently place your finger over the acknowledgement sensor for 1 full second.

Step 4. The tracking unit's internal speaker will play the message "Battery Charged."

Step 5. If required, acknowledge the message by gently placing your finger over the acknowledgement sensor for 1 full second.

Step 6. After the battery is charged, disconnect the power cord, and you will hear an audible tone. Reinsert the charging port cover.



To Listen to a Message

Step 1. The tracking unit will begin to beep. Between beeps, gently place your finger over the acknowledgement sensor for 1 full second. Do not touch the sensor until the beep is completed. You will hear an audible tone, recognizing that you are ready to receive the message.

Step 2. The tracking unit's internal speaker will play the message. Wait until the message is completed, and then gently touch the acknowledgement sensor for 1 full second. Do not touch the sensor while the message is playing. You will hear an audible tone, acknowledging you have received the message.

Officer Initiated Messages

Your officer can send you the following messages:

- Call your officer now.
- Please pay your fees immediately.
- Remember your appointment.
- Report to the office immediately.

DRESS CODE FOR VISITORS

Individuals visiting the Hamilton County Community Corrections facility are expected to be properly dressed at all times. At no time shall a midsection of the torso be showing or the shoulders bare, and shorts cannot be shorter than six inches above the top of the kneecap. All clothing should be in good condition and not contain tears that expose parts of the body or undergarments.

1. Proper visitor attire is at the discretion of Department staff.
2. Visitors with inappropriate attire will immediately be asked to leave and will be subject disciplinary action.
3. Visitors are expected to wear undergarments at all times.
4. Visitors clothing shall not display drug, alcohol, gang, and pornographic or racial overtones.
5. Visitors shall wear footwear at all times.
6. Visitors and their property are subject to search at the discretion of Department staff.

PROGRAM PARTICIPANT RESPONSIBILITIES CONCERNING CONTRABAND

1. Program participants must immediately report the presence of contraband in the facility or in their residence to staff.
2. If a program participant discovers he or she has inadvertently brought contraband into the facility or residence, they should contact staff immediately to have the property secured and/or removed.
3. Program participants should remove any prohibited property from their person before entering the facility. Contraband items will not be stored within the facility.

HOLIDAYS

Release privileges may be suspended on certain holidays due to security issues. The following holidays are subject to this procedure: Christmas Eve (after 6pm), Christmas Day, New Year's Eve (after 6pm), and New Year's Day. Program participants will be notified in writing of any other dates that would follow this procedure. Staff will use the following guidelines in determining who may work on the designated holidays:

1. Those that work "in the field" or travel in the course of their workday will not be permitted to work.
2. Program participants must work at a stationary business location. On Christmas Eve and New Year's Eve, participants must be home by 6pm.
3. Program participants must provide written verification of their work schedule from their supervisor at least one-week prior to the holiday.
4. Program participants must be able to be contacted by land-line telephone.
5. The program participant's supervisor must be present during the workday.
6. Field service coordinators will have final discretion as to who will be allowed to work on these days.

RELEASE PROCESS

Officially, the program participant's time of release on the release date is 11:59 p.m. However, the week before the scheduled release, the program participant and the field services coordinator will discuss the time that will be set for the program participant and what will happen the day of release. All equipment including the transmitter, the FMD, phone cord, power cord, and GPS tracking unit and carrier, if applicable, must be returned to Hamilton County Community Corrections in good condition within the specified time frame. If the equipment is not returned within the allotted time, the program participant may be charged with theft and/or criminal mischief. If a fee payment needs to be made, a money order should be brought in and a receipt will be written. If a pay agreement has been signed, it will be forwarded to the court and/or Probation Department.

REWARDS AND SANCTIONS SCHEDULE

Purpose: To establish a facility disciplinary code and sanctions and a schedule of rewards for positive behavior for the electronic monitoring participants.

The objective is to develop reasonable rules and regulations that are designed to encourage program participants to respect the rights of others. In addition, it is also designed to encourage the self-discipline and self-control that will enable program participants to return to society and live within accepted standards.

Those participants who have been found guilty at an administrative hearing will lose one level in their reward status. If a participant is given work hours, they must wait until 30 days after completion of work hours to advance in reward status. Those participants with a non-compliance that has been referred to the sentencing court will not be eligible to advance in reward status until disposition of the non-compliance.

The program participant has the right to appeal the decision of the Hearing Board in writing, stating the specific reasons for the appeal, within ten working days from the receipt of the decision. All appeals should be submitted using an *Appeal* form and directed to the Director of Personnel.

Temporary Suspension of release privileges:

1. Program participants may have their release privileges suspended during the investigation of any alleged program contract rule violation or any alleged violation of a court order if the program supervisor deems that the participant's actions may be a threat to the safety of others or the program participant is deemed a threat to abscond.
2. Participants may have their release privileges suspended for an alleged rule violation if the program supervisor deems that the participant's actions may be a threat to the safety of others or the program participant is deemed a threat to abscond.
3. Participants may have their release privileges suspended as the result of an administrative hearing. The suspension may be part of a sanction received, or it may be as a result of the Hearing Board referring the alleged violation to the sentencing court.

ELECTRONIC MONITORING REWARDS

Type A

1. All program participants who meet the requirements of a Type A reward will be given the opportunity to participate in a community activity with approved individuals or attending their child's event.
2. If the program participant chooses a community activity, the following requirements shall be met:
 - a. Program participants must provide a list of all those who will attend the community activity along with the name of the location of the activity at least 72 hours prior to the requested date.
 - b. Department staff may supervise the participant during the activity.
 - c. The activity must be in Hamilton County or a contiguous county.
 - d. A four hour time frame will be given and must be followed by the program participant (not including travel time).
 - e. During this release time the program participant shall abide by all Hamilton County Community Corrections rules and regulations.
3. If the program participant chooses to attend an event for their child/children, the following requirements shall be met:
 - a. Program participants must provide a list of all those who will attend the community activity along with the name of the location of the activity at least 72 hours prior to the requested date.
 - b. Department staff may supervise the participant during the activity.
 - c. The activity must be in Hamilton County or a contiguous county.
 - d. A four hour time frame will be given and must be followed by the program participant (not including travel time).
 - e. During this release time the program participant shall abide by all Hamilton County Community Corrections rules and regulations.
 - f. Examples of acceptable events may include: school functions, religious programs, birthday parties, etc.
4. The final decision regarding acceptable community activities and children's events is at the discretion the Hearing Officer.
5. Once a program participant reaches this reward status, the reward may continue monthly until reward status changes.

Type B

1. All program participants who meet the requirements of a Type B reward will be given the option of reporting to the facility for check-in bi-weekly as directed by their field services coordinator.
 - a. Weekly fees must be received by Hamilton County Community Corrections by 4:30 p.m. of the previous Friday.
 - b. Schedules must be provided to the field services coordinator as directed.
2. All program participants who meet the requirements of a Type B reward may choose to have two additional visitors in their home.
 - a. A visitor shall not be on probation or parole.
 - b. Alcohol or drugs shall not be present.

3. All program participants who qualify for a Type B reward may choose a special shopping time.
 - a. The field services coordinator approves shopping time and location during regular scheduling procedures.
 - b. Specific information regarding the location is submitted to the field services coordinator as requested.
 - c. A specific time frame will be given and must be followed by the program participant.
4. All program participants who qualify for a Type B reward may choose public library time.
 - a. The field services coordinator must approve library time during regular scheduling procedures
 - b. Program participants must visit the library in their community.
 - c. Allotted time will not exceed one hour (not including travel time).
 - d. Department staff may supervise the participant during this time.
5. Once a program participant reaches this reward status, the reward may continue weekly until reward status changes.

Type C

1. All program participants who qualify for a Type C reward may choose to attend one additional church program per week.
 - a. The field services coordinator must approve the church program during regular scheduling procedures.
 - b. Specific information regarding the location is submitted to the field services coordinator as requested.
2. Any program participant who qualifies for a Type C reward may choose to go to exercise at a fitness center.
 - a. The field services coordinator approves exercise time during regular scheduling procedures.
 - b. The fitness center must be within 30 minutes of home and within the county in which the participant resides.
 - c. Allotted time will not exceed one hour (not including travel time).
 - d. The program participant must be able to verify his/her attendance at the fitness center.
 - e. Department staff may supervise the participant during this time.
2. Once a program participant reaches this reward status, the reward may continue weekly until reward status changes.

Type D

1. All program participants who qualify for a Type D reward will receive acknowledgement at check-in.
2. All program participants who qualify for a Type D reward may choose time outside of their home but on their property.

- a. Outside time is scheduled as release time on the program participant's weekly schedule.
 - b. The field services coordinator approves the time during regular scheduling procedures.
 - d. The time may not exceed one hour.
 - e. The program participant must be able to receive calls on their home telephone during this time.
2. Once a program participant reaches this reward status, the reward may continue weekly until reward status changes.

Rewards Table (Electronic Monitoring)

Type A actions:	Reward:
Four months with no Level 3 or 2 violations and with no more than two Level 1 violations	Attend community activity for four hours.
	*Once the participant has obtained this level, the participant will be afforded this privilege once a month.
Type B actions:	Reward:
Two months with no Level 3 or 2 violations, and with no more than two Level 1 violations	Bi-weekly check-in
	Two extra visitors
	Special shopping (hours to be determined by staff and scheduled for no more than what is absolutely necessary)
	Library time
Type C actions:	Reward:
One month with no violations of any kind	One additional church program
	Fitness Center time (ability to workout three times per week)
Type D actions:	Reward:
Appropriate weekly schedule	Acknowledgement at check-in
	One hour Yard Time

Sanctions Table (Electronic Monitoring)

Level 3 offenses:	Sanctions: (post admin. hearing)
Contract violations	Violation filed with court and/or probation
Commission of a crime	
Committing an assault or battery	
Fighting	
Threatening others with bodily harm	
Destroying, altering or damaging property	
Tampering with transmitter or receiver	
Counterfeiting, forging, or reproducing any official document	
Resisting or fleeing staff	
Violating a restraining order	
One or more unaccounted-for hours	
Being at an unapproved location	
Proposing a bribe to staff	
Failure to follow administrative hearing directives	
Refusal to submit to search of person/property or drug testing	
Habitual Conduct Rule Violator (three or more Level 2 violations)	
Level 2 offenses:	Sanctions: (post admin. hearing)
Disorderly conduct	Loss of up to 90 days earned credit time if applicable
Unauthorized use or misuse of medication	Five to ten facility work hours
Refusing to obey an order from staff	Special appointments with field services coordinator (four to ten appointments)
Side trip violation	Suspension of release privileges (up to seven days)
Failure to follow pay agreement	Written reprimand
Violating rule or standing order	Programming if appropriate
Unauthorized use of emergency pager	
Late return, over 30 minutes but under one hour	
Early leave of more than 30 minutes from residence	
Possession of a device or substance designed or intended to be used to interfere with a urine screen	
Termination from employment for cause	
Failure to attend scheduled meeting/appointment	

Habitual Conduct Rule Violator (three or more Level 1 offenses)	
Failure to follow schedule as approved	
Failure to carry tracking unit at all times (GPS participants)	
Level 1 offenses:	Sanctions: (infraction summary)
Failure to provide an acceptable urine sample within two hours	Special appointments with field services coordinator (one to three appointments)
Being in an unauthorized area	One to four facility work hours
Three or more visitors	Written reprimand
Failure to provide necessary documentation	Programming if appropriate
Up to 30 minutes late return	
Up to 30 minutes early leave from residence	
Failure to answer phone or door	
Use of abusive or obscene language	
Failure to follow Hamilton County Community Corrections handbook rules	
Failure to pay fees as outlined in the handbook	
Bringing cell phone and/or contraband into check-in	

FUNERAL/HOSPITAL REQUESTS

Special requests for hospital visits or funeral leave require a court order. Requests must be submitted immediately for verification and for paperwork to be completed.

1. The Department may file the necessary paperwork with the sentencing court requesting hospital visits and funeral leaves. Participants must submit a *Restriction Waiver* to their field services coordinator for approval prior to forwarding it to the sentencing court.
2. The Department will only make requests to the court concerning a program participant's immediate family members.
3. Hospital requests will only be forwarded to the sentencing court under the following circumstances: birth of biological child, life-threatening illness, or major surgery.

Hamilton County Community Corrections Handbook Receipt

I, _____, hereby acknowledge receipt of the Hamilton County Community Corrections Electronic Monitoring Handbook. The handbook has been read and explained to me and contains the rules governing my conduct while in this Hamilton County Community Corrections program. If a revision takes place, it will be properly posted and distributed, and I will need to conduct myself according to the change made.

Signed: _____

Rules delivered by: _____

Time and date: _____